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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).</i>  |  | Docket Number (Optional)<br><b>24076-11</b> |                           |
|--|--|---|---------------------------|
| Application Number   | <b>10/686,119</b>                                | Filed                                       | <b>10/15/2003</b>         |
| For  | <b>MULTI-ELEMENT ARRAY FOR ACOUSTIC ABLATION</b> |   |                           |
| Art Unit   | <b>3739</b>                                      | Examiner                                    | <b>Peter J. Vrettakos</b> |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.   |  |   |                           |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |  |   |                           |
|  | <u>Fee</u>                                       | <u>Small Entity Fee</u>                     |                           |
| <input checked="" type="checkbox"/> One month [37 CFR 1.17(a)(1)]  | \$120  | \$60  | \$ <u>60.00</u>           |
| <input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]  | \$450  | \$225                                       | \$ _____                  |
| <input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]  | \$1020   | \$510                                       | \$ _____                  |
| <input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]   | \$1590   | \$795                                       | \$ _____                  |
| <input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]   | \$2160   | \$1080                                      | \$ _____                  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |  |   |                           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |  |   |                           |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |  |   |                           |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |   |                           |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> . I have enclosed a duplicate copy of this sheet. |  |   |                           |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |  |   |                           |
| I am the <input type="checkbox"/> Applicant/inventor.  |  |   |                           |
| <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).   |  |   |                           |
| <input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>35,714</u>  |  |   |                           |
| <input checked="" type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): <u>35,714</u>  |  |   |                           |
| <br>Signature   |  | March 2, 2006<br>Date                       |                           |
| Timothy N. Thomas<br>Typed or Printed Name   |  | 317-634-3456<br>Telephone Number            |                           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.                      |  |   |                           |
| <input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.  |  |   |                           |

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